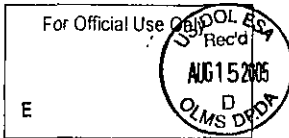


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



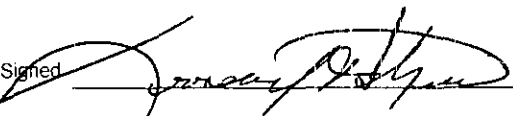
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>7121</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Leonard J Phillips  P.O. Box, Bldg., Room No., if any  Street 8335 SW Seneca Street  City Tualatin  State Oregon ZIP Code + 4 97062	4. Name, file number, and address of labor organization.  Name Sheet Metal Workers Local 16  Labor Organization File Number 035-340  P.O. Box, Building and Room Number, if any  Street 2379 NE 178th Ave Suite 16  City Portland  State Oregon ZIP Code + 4 97230-5957
5. Position in labor organization. Business Manager/FST	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.    7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On 8/8/05 (503) 612-7707 Date Telephone Number

Name of Person Filing Leonard PhillipsFile Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Sheet Metal Workers Local 16 Health Care

Trade Name, if any: Trust

P.O. Box, Bldg., Room No., if any

Street PO Box 4148

City Portland

State Oregon

ZIP Code + 4 97208

11.a. Nature of such dealing.

Reimbursement for travel to the NW Health Care Trust Meeting.

11.b. Approximate dollar value of such dealing.

\$127

12.a. Nature of interest held or income received.

Actual Reimbursement for expenses to Health Care Meeting.

12.b. Amount.

\$127

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Sheet Metal Air Conditioning National

Trade Name, if any: Association (SMACNA)

P.O. Box, Bldg., Room No., if any

Street 4380 SW Macadam Ave Suite 580

City Portland

State Oregon

ZIP Code + 4 97201

14.a. Nature of payment.

Christmas Party Dinner

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$50

Name of Person Filing <u>Leonard Phillips</u>	File Number <u>U-</u>
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**Part C Continuation Page**

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <u>Lincoln Electric Company</u>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <u>22801 Saint Clair Ave.</u>  City <u>Euclid</u>  State <u>Ohio</u> ZIP Code + 4 <u>44117</u>	<b>14.a. Nature of payment.</b>  <u>Dinner Meeting</u>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b>  <div align="right">\$75</div>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>14.a. Nature of payment</b>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>14.a. Nature of payment.</b>  <u>1</u>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b>

Name of Person Filing Leonard Phillips	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name International Training Institute for Sheet</p> <p>Trade Name, if any: Metal and Air Conditioning Industry</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 601 N Fairfax Street Suite #240</p> <p>City Alexandria</p> <p>State virginia ZIP Code + 4 22314</p>	<table border="1"> <tr> <td data-bbox="829 737 1573 1087"> <p>11.a. Nature of such dealing.</p> <p>National JATC Contest</p> </td> </tr> <tr> <td data-bbox="829 1087 1573 1136"> <p>11.b. Approximate dollar value of such dealing. \$1,476</p> </td> </tr> <tr> <td data-bbox="829 1136 1573 1491"> <p>12.a. Nature of interest held or income received.</p> <p>Reimburse expenses for lodging and travel to the National JATC Contest.</p> </td> </tr> <tr> <td data-bbox="829 1491 1573 1537"> <p>12.b. Amount. \$1,476</p> </td> </tr> </table>	<p>11.a. Nature of such dealing.</p> <p>National JATC Contest</p>	<p>11.b. Approximate dollar value of such dealing. \$1,476</p>	<p>12.a. Nature of interest held or income received.</p> <p>Reimburse expenses for lodging and travel to the National JATC Contest.</p>	<p>12.b. Amount. \$1,476</p>
<p>11.a. Nature of such dealing.</p> <p>National JATC Contest</p>					
<p>11.b. Approximate dollar value of such dealing. \$1,476</p>					
<p>12.a. Nature of interest held or income received.</p> <p>Reimburse expenses for lodging and travel to the National JATC Contest.</p>					
<p>12.b. Amount. \$1,476</p>					

Name of Person Filing Leonard Phillips	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name International Training Institute for Sheet</p> <p>Trade Name, if any: Metal and Air Conditioning Industry</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 601 N. Fairfax Street Suite 240</p> <p>City Alexandria</p> <p>State Virginia ZIP Code + 4 22314</p>	<p>11.a. Nature of such dealing.</p> <p>National JATC Contest.</p>
	<p>11.b. Approximate dollar value of such dealing. \$1,318</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Reimbursed actual expenses for lodging and travel to the National JATC Contest.</p> <p>12.b. Amount. \$1,318</p>

Name of Person Filing Leonard Phillips	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name National Energy Management Institute</p> <p>Trade Name, if any: (NEMI)</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 601 N. Fairfax Street Suite 250</p> <p>City Alexandria</p> <p>State Virginia ZIP Code + 4 22314</p>	<p>11.a. Nature of such dealing.</p> <p>Welding Fume Hood Removal Task Force Seminar</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$71</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursed expenses for travel to Welding Fume Hood Removal Task Force Seminar.</p> <hr/> <p>12.b. Amount. \$71</p>

Len Phillips  
8335 SW Seneca Street  
Tualatin, Oregon  
97062

August 8, 2005



US Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW Room N-5616  
Washington, DC 20210

To Whom It May Concern:

Please find enclosed my Amended LM-30 Labor Organization Officer and Employee Report. There was an addition error and it has been corrected on the Amended Form.

Thank you,

Len Phillips  
Business Manager  
Sheet Metal Workers Local 16